NICE: SUSPECTED CANCER RECOGNITION AND REFERRAL – SYMPTOM DESK EASEL

This resource summarises NICE's 2015 referral guidelines for suspected cancer (NG12).

The information in this summary is correct to the best of our knowledge but does not replace clinical judgement.
The full guidelines can be found here: **https://www.nice.org.uk/guidance/ng12**

If you have any feedback or want more information please contact **earlydiagnosis@cancer.org.uk** or visit our webpage **http://bit.ly/1QIV6U0**

Please note, pathways may differ due to local variation in commissioned services.

KEY

^:	Raised
2ww:	2 week wait
40+:	40 and over etc
BCC:	Basal cell carcinoma
BJP:	Bence-Jones protein urine test
CXR:	Chest X-ray
DRE:	Digital rectal examination
DVT:	Deep vein thrombosis
ESR/PV:	Erythrocyte sedimentation rate or plasma viscosity
FBC:	Full blood count
FOBt:	Test for occult blood in faeces
GOR:	Gastro-oesophageal reflux
IDA:	Iron-deficiency anaemia
LUTS:	Lower urinary tract symptoms
N/V:	Nausea/vomiting
OGD:	Upper GI endoscopy
PSA:	Prostate specific antigen
SCC:	Squamous cell carcinoma
SOB:	Shortness of breath
USS:	Ultrasound scan
WBC:	White blood cell

June 2016

RCGP Royal College of General Practitioners
CANCER RESEARCH UK

Abdominal symptoms

		WITHIN 48 HOURS	2 WEEK WAIT	WITHIN 2 WEEKS	OTHER ACTION
DYSPHAGIA				OGD	
REFLUX	With weight loss in 55+			OGD	
	With ^platelets/nausea/vomiting 55+				Routine OGD
NAUSEA OR VOMITING	With weight loss 60+			CT/USS	
	With ^platelets/weight loss/reflux/dyspepsia/upper abdominal pain in 55+				Routine OGD
DYSPEPSIA	With weight loss in 55+			OGD	
	Treatment resistant 55+				Routine OGD
	55+ with ^platelets/nausea/vomiting				Routine OGD
ABDOMINAL/ PELVIC/RECTAL MASS	Suggestive of ovarian pathology		Gynaecology		
	Abdominal/rectal		Lower GI		
	Splenomegaly		Haematology		
	Upper abdomen (consistent with liver/gall bladder)			Direct access USS	
	Upper abdomen (consistent with stomach cancer)		Upper GI		
	Hepatosplenomegaly	FBC			
ABDOMINAL DISTENSION	Persistent or >12 times per month in women especially 50+				CA-125
ASCITES +/OR PELVIC OR ABDOMINAL MASS			Gynaecology		
ABDOMINAL/ PELVIC PAIN	Abdominal pain with weight loss in 40+		Lower GI		
	Abdominal pain with rectal bleeding in <50		Lower GI		
	Abdominal pain without rectal bleeding in 50+				FOBt
	Upper abdominal pain with weight loss in 55+			OGD	
	Upper abdominal pain with any of: anaemia, ^platelets, nausea, vomiting in 55+				Routine OGD
	Abdominal/pelvic pain persistent or >12 times/month in women, especially 50+				CA-125
	Abdominal pain with weight loss in 60+			CT/USS	
	IBS symptoms within 12 months in women 50+				CA-125
RECTAL EXAMINATION	Prostate feels malignant		Urology		
CHANGE IN BOWEL PATTERN	Unexplained 60+		Lower GI		
	Unexplained with rectal bleeding <50		Lower GI		
	Without rectal bleeding <60				FOBt
	Unexplained in women				CA-125
	Diarrhoea or constipation with weight loss 60+			CT/USS	
	IBS symptoms within 12 months in women 50+				CA-125

ADDITIONAL INFORMATION

Urgent CT/USS – symptoms suggestive of pancreatic cancer
If direct access to CT scans is not available then opt for an abdominal ultrasound. Be aware that pancreatic cancers can be missed by ultrasounds, particularly if the tumour is small in size.

KEY

^: Raised
2ww: 2 week wait
40+: 40 and over etc
BCC: Basal cell carcinoma
BJP: Bence-Jones protein urine test
CXR: Chest X-ray
DRE: Digital rectal examination
DVT: Deep vein thrombosis
ESR/PV: Erythrocyte sedimentation rate or plasma viscosity
FBC: Full blood count
FOBt: Test for occult blood in faeces
GOR: Gastro-oesophageal reflux
IDA: Iron-deficiency anaemia
LUTS: Lower urinary tract symptoms
N/V: Nausea/vomiting
OGD: Upper GI endoscopy
PSA: Prostate specific antigen
SCC: Squamous cell carcinoma
SOB: Shortness of breath
USS: Ultrasound scan
WBC: White blood cell

June 2016

RCGP Royal College of General Practitioners
CANCER RESEARCH UK

Bleeding symptoms

		WITHIN 48 HOURS	2 WEEK WAIT	OTHER ACTION
BLEEDING	Unexplained bruising, bleeding, petechiae	FBC		
	Haematemesis			Routine OGD
	Haemoptysis 40+		Lung	
	Post-menopausal		Gynaecology	
	Rectal bleeding with abdominal pain/change in bowel habit/ weight loss/IDA <50		Lower GI	
	Rectal 50+		Lower GI	
	Vulval		Gynaecology	

KEY

^: Raised
2ww: 2 week wait
40+: 40 and over etc
BCC: Basal cell carcinoma
BJP: Bence-Jones protein urine test
CXR: Chest X-ray
DRE: Digital rectal examination
DVT: Deep vein thrombosis
ESR/PV: Erythrocyte sedimentation rate or plasma viscosity
FBC: Full blood count
FOBt: Test for occult blood in faeces
GOR: Gastro-oesophageal reflux
IDA: Iron-deficiency anaemia
LUTS: Lower urinary tract symptoms
N/V: Nausea/vomiting
OGD: Upper GI endoscopy
PSA: Prostate specific antigen
SCC: Squamous cell carcinoma
SOB: Shortness of breath
USS: Ultrasound scan
WBC: White blood cell

June 2016

RCGP Royal College of General Practitioners
CANCER RESEARCH UK

Gynaecological / urological symptoms

		2 WEEK WAIT	OTHER ACTION
GYNAECOLOGICAL	Cervix – cancerous appearance	Gynaecology	
	Vaginal discharge – first presentation/^platelets/haematuria in 55+		Direct access USS
	Vaginal mass (unexplained and palpable) in or at entrance to vagina	Gynaecology	
	Vulval bleeding/lump/ulceration	Gynaecology	
UROLOGICAL SYMPTOMS	Erectile dysfunction		PSA + DRE
	Haematuria (visible and unexplained) without UTI 45+	Urology	
	Haematuria (visible and unexplained) with persistence/recurrence after treatment for UTI 45+	Urology	
	Haematuria (non visible and unexplained) with dysuria/^blood test wbc 60+	Urology	
	Haematuria (visible) with low Hb/ ^plt/ ^blood glucose/ unexplained vaginal discharge 55+		Direct access USS
	Haematuria (visible) in men		PSA + DRE
	Testicular enlargement/shape change/texture change (non-painful)	Urology	
	Testicular symptoms (unexplained/persistent)		Direct access USS
	UTI (unexplained and recurrent/persistent) 60+		Non-urgent referral via Urology pathway
	LUTS in males		PSA + DRE
	Urinary urgency and/or frequency in women (persistent or >12x per month) especially if 50+		CA-125
RECTAL EXAMINATION	Prostate feels malignant	Urology	

ADDITIONAL INFORMATION

Cervical cancer
If cervix has a cancerous appearance then refer on 2ww pathway without the need for a smear test.

KEY

^: Raised
2ww: 2 week wait
40+: 40 and over etc
BCC: Basal cell carcinoma
BJP: Bence-Jones protein urine test
CXR: Chest X-ray
DRE: Digital rectal examination
DVT: Deep vein thrombosis
ESR/PV: Erythrocyte sedimentation rate or plasma viscosity
FBC: Full blood count
FOBt: Test for occult blood in faeces
GOR: Gastro-oesophageal reflux
IDA: Iron-deficiency anaemia
LUTS: Lower urinary tract symptoms
N/V: Nausea/vomiting
OGD: Upper GI endoscopy
PSA: Prostate specific antigen
SCC: Squamous cell carcinoma
SOB: Shortness of breath
USS: Ultrasound scan
WBC: White blood cell

June 2016

RCGP Royal College of General Practitioners
CANCER RESEARCH UK

Lumps and lymphadenopathy

		WITHIN 48 HOURS	2 WEEK WAIT	WITHIN 2 WEEKS	OTHER ACTION
LUMPS/MASSES	Anal		Lower GI		
	Axillary 30+		Breast		
	Breast 30+		Breast		
	Breast <30				Routine referral
	Lip/oral cavity			Dental appointment	
	Lump increasing in size			Direct access USS	
	Neck (unexplained) 45+		Head + Neck		
	Neck (persistent and unexplained)		Head + Neck		
	Penile (STI excluded)		Urology		
	Thyroid		Head + Neck		
	Vaginal/vulval (unexplained)		Gynaecology		
LYMPHADENOPATHY	Unexplained in adults		Haematology		
	Supraclavicular/persistent cervical 40+			CXR	
	Generalised in adults	FBC			

ADDITIONAL INFORMATION

Lip/oral cavity lump
CRUK's Oral Cancer Toolkit recommends 2ww head and neck referral.
Access the toolkit here: **http://bit.ly/1Y8XfuH**

KEY

^: Raised
2ww: 2 week wait
40+: 40 and over etc
BCC: Basal cell carcinoma
BJP: Bence-Jones protein urine test
CXR: Chest X-ray
DRE: Digital rectal examination
DVT: Deep vein thrombosis
ESR/PV: Erythrocyte sedimentation rate or plasma viscosity
FBC: Full blood count
FOBt: Test for occult blood in faeces
GOR: Gastro-oesophageal reflux
IDA: Iron-deficiency anaemia
LUTS: Lower urinary tract symptoms
N/V: Nausea/vomiting
OGD: Upper GI endoscopy
PSA: Prostate specific antigen
SCC: Squamous cell carcinoma
SOB: Shortness of breath
USS: Ultrasound scan
WBC: White blood cell

June 2016

RCGP Royal College of General Practitioners
CANCER RESEARCH UK

Neurological / skeletal / pain symptoms

		2 WEEK WAIT	WITHIN 2 WEEKS	OTHER ACTION
NEUROLOGICAL	Loss of central neurological function (progressive)		MRI/CT	
SKELETAL SYMPTOMS	Back pain with weight loss 60+		CT/USS	
	Back pain (persistent) 60+			FBC, CA^{2+} + ESR/PV
	Bone pain (persistent) 60+			FBC, CA^{2+} + ESR/PV
	Fracture (unexplained) 60+			FBC, CA^{2+} + ESR/PV
PAIN	Alcohol induced lymph node pain with lymphadenopathy	Haematology		
	Chest (unexplained) 40+ ever smoked/asbestos exposed		CXR	
	Chest (unexplained) with cough/fatigue/SOB/weight loss/appetite loss 40+		CXR	

ADDITIONAL INFORMATION

MRI/CT scan

For neurological symptoms opt for an MRI scan. Use a CT scan if an MRI is contraindicated.

Not all abnormalities will be detected by an MRI/CT scan. If the scan is normal but symptoms persist, further investigations will be needed.

KEY

^: Raised
2ww: 2 week wait
40+: 40 and over etc
BCC: Basal cell carcinoma
BJP: Bence-Jones protein urine test
CXR: Chest X-ray
DRE: Digital rectal examination
DVT: Deep vein thrombosis
ESR/PV: Erythrocyte sedimentation rate or plasma viscosity
FBC: Full blood count
FOBt: Test for occult blood in faeces
GOR: Gastro-oesophageal reflux
IDA: Iron-deficiency anaemia
LUTS: Lower urinary tract symptoms
N/V: Nausea/vomiting
OGD: Upper GI endoscopy
PSA: Prostate specific antigen
SCC: Squamous cell carcinoma
SOB: Shortness of breath
USS: Ultrasound scan
WBC: White blood cell

June 2016

RCGP Royal College of General Practitioners
CANCER RESEARCH UK

Respiratory symptoms

		2 WEEK WAIT	WITHIN 2 WEEKS
RESPIRATORY	Chest infection (persistent or recurrent) 40+		CXR
	Chest pain (unexplained) 40+ ever smoked/asbestos exposed		CXR
	Chest pain (unexplained) with cough/fatigue/SOB/weight loss/appetite loss 40+		CXR
	Cough (unexplained) 40+ ever smoked/asbestos exposed		CXR
	Cough (unexplained) with chest pain/fatigue/SOB/weight loss/appetite loss 40+		CXR
	Hoarseness (unexplained and persistent) 45+	Head + Neck	
	Chest signs consistent with cancer/pleural disease 40+		CXR
	Finger clubbing 40+		CXR
	Haemoptysis 40+	Lung	
SHORTNESS OF BREATH	Ever smoked/asbestos exposed 40+		CXR
	With cough/fatigue/chest pain/weight loss/appetite loss 40+		CXR
	With unexplained lymphadenopathy	Haematology	
	With unexplained splenomegaly	Haematology	

ADDITIONAL INFORMATION

Chest X-rays

Chest X-rays can be a very useful tool, but they won't detect all anomalies/ disease – be alert to the possibility of cancer or other serious diseases in patients with unresolved/ worsening symptoms even in the event of a negative chest X-ray.

KEY

^:	Raised
2ww:	2 week wait
40+:	40 and over etc
BCC:	Basal cell carcinoma
BJP:	Bence-Jones protein urine test
CXR:	Chest X-ray
DRE:	Digital rectal examination
DVT:	Deep vein thrombosis
ESR/PV:	Erythrocyte sedimentation rate or plasma viscosity
FBC:	Full blood count
FOBt:	Test for occult blood in faeces
GOR:	Gastro-oesophageal reflux
IDA:	Iron-deficiency anaemia
LUTS:	Lower urinary tract symptoms
N/V:	Nausea/vomiting
OGD:	Upper GI endoscopy
PSA:	Prostate specific antigen
SCC:	Squamous cell carcinoma
SOB:	Shortness of breath
USS:	Ultrasound scan
WBC:	White blood cell

June 2016

RCGP Royal College of General Practitioners | CANCER RESEARCH UK

Skin / surface symptoms

		WITHIN 48 HOURS	2 WEEK WAIT	WITHIN 2 WEEKS	OTHER ACTION
SKIN OR SURFACE SYMPTOMS	Bruising (unexplained)	FBC			
	Petechiae (unexplained)	FBC			
	Pigmented lesion with a weighted 7 point score 3+		Skin		
	Lesion suggestive of nodular melanoma		Skin		
	Lesion suggestive of SCC		Skin		
	Lesion suggestive of BCC				Routine referral
	Lesion suggestive of BCC & concern that treatment delay may have a significant impact because of factors such as lesion site or size		Skin		
	Nipple: unilateral changes (including those "of concern") 50+:		Breast		
	Skin change suggesting breast cancer		Breast		
	Penile lesions/masses (STI excluded)		Urology		
	Penile symptoms affecting the foreskin or glans		Urology		
	Vulval lump/ulceration (unexplained)		Gynaecology		
	Anal ulceration		Lower GI		
ORAL LESIONS	Ulceration (unexplained, >3w)		Head + Neck		
	Oral red / red and white patches			Dental appointment	

ADDITIONAL INFORMATION

Malignant melanoma
Weighted 7-point checklist:

Major features (2 points each)
- Change in size
- Irregular shape or border
- Irregular colour

Minor features (1 point each)
- Largest diameter of 7mm or more
- Inflammation
- Oozing or crusting
- Change in sensation (including itch)

Skin Cancer
Information on the different types of skin lesion, including their typical features, can be found on Cancer Research UK's Skin Cancer Recognition Toolkit. Access the toolkit on Doctors.net at **http://bit.ly/23YydB2**.

Oral red / red and white patches
CRUK's Oral Cancer Toolkit recommends 2ww head and neck referral.

Access the toolkit here: **http://bit.ly/1Y8XfuH**

KEY

^:	Raised	DVT:	Deep vein thrombosis	N/V:	Nausea/vomiting
2ww:	2 week wait	ESR/PV:	Erythrocyte sedimentation rate or plasma viscosity	OGD:	Upper GI endoscopy
40+:	40 and over etc	FBC:	Full blood count	PSA:	Prostate specific antigen
BCC:	Basal cell carcinoma	FOBt:	Test for occult blood in faeces	SCC:	Squamous cell carcinoma
BJP:	Bence-Jones protein urine test	GOR:	Gastro-oesophageal reflux	SOB:	Shortness of breath
CXR:	Chest X-ray	IDA:	Iron-deficiency anaemia	USS:	Ultrasound scan
DRE:	Digital rectal examination	LUTS:	Lower urinary tract symptoms	WBC:	White blood cell

June 2016

Royal College of General Practitioners

CANCER RESEARCH UK

Investigation findings

		WITHIN 48 HOURS	2 WEEK WAIT	WITHIN 2 WEEKS	OTHER ACTION
ANAEMIA (IDA)	60+		Lower GI		
	With rectal bleeding <50		Lower GI		
	Without rectal bleeding <60				FOBt
ANAEMIA (NORMOCYTIC)	Without rectal bleeding 60+				FOBt
	Visible haematuria women 55+				Gynae USS
	Upper abdominal pain 55+				Routine OGD
^BLOOD GLUCOSE WITH VISIBLE HAEMATURIA IN WOMEN 55+					Gynae USS
CA-125 35+IU/ML					Abdominal and pelvic USS
CA-125 <35IU/ML OR CA-125 >35IU/ML WITH NORMAL ULTRASOUND					Assess for other clinical causes/ monitor in primary care
CXR SUGGESTS LUNG CANCER/MESOTHELIOMA			Lung		
DERMOSCOPY SUGGESTS MELANOMA			Skin		
NEW ONSET DIABETES WITH WEIGHT LOSS 60+				CT/USS	
DRE SUGGESTS PROSTATE CANCER			Urology		
^CA^{2+}/LOW WBC AND CONSISTENT WITH MYELOMA 60+		Urine Protein Electrophoresis and BJP			
^ESR/PV AND CONSISTENT WITH MYELOMA		Urine Protein Electrophoresis and BJP			
BJP SUGGESTS MYELOMA			Haematology		
URINE PROTEIN ELECTROPHORESIS SUGGESTS MYELOMA			Haematology		
FOBt +ve			Lower GI		
JAUNDICE 40+			Upper GI		
^PLATELETS WITH GOR/DYSPEPSIA/ UPPER ABDOMINAL PAIN 55+					Routine OGD
^PLATELETS WITH NAUSEA/VOMITING/WEIGHT LOSS 55+					Routine OGD
^PLATELETS 40+				CXR	
PSA ABOVE AGE SPECIFIC RANGE			Urology		
USS SUGGESTS OVARIAN CANCER			Gynaecology		
USS SUGGESTS SOFT TISSUE SARCOMA			Sarcoma		
X-RAY SUGGESTS BONE SARCOMA			Sarcoma		

ADDITIONAL INFORMATION

FOBt tests
Not all occult traces of blood in stools will be detected by FOBt tests. Remain vigilant in the case of persisting/worsening symptoms.

Prostate-specific antigen ranges
Refer according to local laboratory thresholds.

Chest X-rays
Chest X-rays can be a very useful tool, but they won't detect all anomalies/ disease – be alert to the possibility of cancer or other serious diseases in patients with unresolved/ worsening symptoms even in the event of a negative chest X-ray.

KEY

^: Raised
2ww: 2 week wait
40+: 40 and over etc
BCC: Basal cell carcinoma
BJP: Bence-Jones protein urine test
CXR: Chest X-ray
DRE: Digital rectal examination
DVT: Deep vein thrombosis
ESR/PV: Erythrocyte sedimentation rate or plasma viscosity
FBC: Full blood count
FOBt: Test for occult blood in faeces
GOR: Gastro-oesophageal reflux
IDA: Iron-deficiency anaemia
LUTS: Lower urinary tract symptoms
N/V: Nausea/vomiting
OGD: Upper GI endoscopy
PSA: Prostate specific antigen
SCC: Squamous cell carcinoma
SOB: Shortness of breath
USS: Ultrasound scan
WBC: White blood cell

June 2016

RCGP Royal College of General Practitioners
CANCER RESEARCH UK

Non-specific symptoms

		WITHIN 48 HOURS	2 WEEK WAIT	WITHIN 2 WEEKS	OTHER ACTION
APPETITE LOSS	Unexplained: consider: lung, upper GI, lower GI, pancreatic, urological				Assess for other symptoms/signs then 2ww referral/urgent investigations
	Ever smoked/asbestos exposed 40+			CXR	
	With cough/fatigue/SOB/chest pain/weight loss 40+			CXR	
	Or early satiety persistent/>12x per month in women especially 50+				CA-125
DVT	Consider urogenital/breast/lower GI/lung cancers				Assess for other symptoms/signs then 2ww referral/urgent investigations
DIABETES	New onset with weight loss 60+			CT/USS	
FATIGUE	Ever smoked/asbestos exposed 40+			CXR	
	With cough/SOB/chest pain/weight loss/appetite loss (unexplained) 40+			CXR	
	Persistent	FBC			
	Unexplained in women				CA-125
FEVER	Unexplained	FBC			
	With unexplained splenomegaly/ lymphadenopathy		Haematology		
FINGER CLUBBING	40+			CXR	
INFECTION	Unexplained and persistent/recurrent	FBC			
NIGHT SWEATS	With unexplained splenomegaly/lymphadenopathy		Haematology		
PALLOR		FBC			
PRURITUS	With unexplained splenomegaly/lymphadenopathy		Haematology		
WEIGHT LOSS	Unexplained: consider: lung, upper GI, CRC, pancreatic, urological				Assess for other symptoms/signs then 2ww referral/urgent investigations
	Unexplained with abdominal pain 40+		CRC		
	Unexplained with rectal bleeding <50		CRC		
	Unexplained without rectal bleeding 50+				FOBt
	Ever smoked/asbestos exposed 40+			CXR	
	With cough/fatigue/SOB/chest pain/appetite loss 40+ never smoked			CXR	
	With unexplained splenomegaly/lymphadenopathy		Haematology		
	With upper abdominal pain/GOR/ dyspepsia 55+			OGD	
	Unexplained in women				CA-125
	With diarrhoea/nausea/vomiting/constipation 60+			CT/USS	
	With back pain/abdominal pain/new onset diabetes 60+			CT/USS	
	With ^platelets/nausea/vomiting 55+				Routine OGD

KEY

^: Raised
2ww: 2 week wait
40+: 40 and over etc
BCC: Basal cell carcinoma
BJP: Bence-Jones protein urine test
CXR: Chest X-ray
DRE: Digital rectal examination
DVT: Deep vein thrombosis
ESR/PV: Erythrocyte sedimentation rate or plasma viscosity
FBC: Full blood count
FOBt: Test for occult blood in faeces
GOR: Gastro-oesophageal reflux
IDA: Iron-deficiency anaemia
LUTS: Lower urinary tract symptoms
N/V: Nausea/vomiting
OGD: Upper GI endoscopy
PSA: Prostate specific antigen
SCC: Squamous cell carcinoma
SOB: Shortness of breath
USS: Ultrasound scan
WBC: White blood cell

June 2016

RCGP Royal College of General Practitioners
CANCER RESEARCH UK

Children and young people

		IMMEDIATE	WITHIN 48 HOURS	WITHIN 2 WEEKS	OTHER ACTION
ABDOMINAL SYMPTOMS	Hepatosplenomegaly	Referral to paediatrician			
	Abdominal mass or enlarged abdominal organ		Paediatrician appointment		
	Splenomegaly		Paediatrician appointment		
BLEEDING/ BRUISING/ RASHES	Petechiae (unexplained)	Referral to paediatrician			
	Bruising/bleeding (unexplained)		FBC		
LUMPS/MASSES	Lymphadenopathy (unexplained)		Paediatrician appointment		
	Lymphadenopathy (generalised)		FBC		
	Lump (unexplained) increasing in size		USS		
NEUROLOGICAL	New abnormality of cerebellar or CNS function		Paediatrician appointment		
NON-SPECIFIC SYMPTOMS	Fatigue (persistent)		FBC		
	Fever with lymphadenopathy/splenomegaly (unexplained)		Paediatrician appointment		
	Fever (unexplained)		FBC		
	Infection (unexplained and persistent)		FBC		
	Night sweats with lymphadenopathy/splenomegaly		Paediatrician appointment		
	Pruritus with lymphadenopathy/splenomegaly		Paediatrician appointment		
	Weight loss with lymphadenopathy/splenomegaly		Paediatrician appointment		
	Persistent parental concern				Consider referral to paediatrician
RESPIRATORY	SOB with lymphadenopathy		Paediatrician appointment		
	SOB with splenomegaly (unexplained)		Paediatrician appointment		
PRIMARY CARE INVESTIGATIONS	USS/X-ray suggests sarcoma		Paediatrician appointment		
	Absent red reflex			Referral to ophthalmologist	
SKELETAL	Bone pain (persistent or unexplained)		FBC		
	Bone pain/swelling (unexplained)		X-ray		
SKIN/SURFACE	Bruising (unexplained)		FBC		
	Pallor		FBC		
UROLOGICAL	Haematuria (visible and unexplained)		Paediatrician appointment		

KEY

^: Raised
2ww: 2 week wait
40+: 40 and over etc
BCC: Basal cell carcinoma
BJP: Bence-Jones protein urine test
CXR: Chest X-ray
DRE: Digital rectal examination
DVT: Deep vein thrombosis
ESR/PV: Erythrocyte sedimentation rate or plasma viscosity
FBC: Full blood count
FOBt: Test for occult blood in faeces
GOR: Gastro-oesophageal reflux
IDA: Iron-deficiency anaemia
LUTS: Lower urinary tract symptoms
N/V: Nausea/vomiting
OGD: Upper GI endoscopy
PSA: Prostate specific antigen
SCC: Squamous cell carcinoma
SOB: Shortness of breath
USS: Ultrasound scan
WBC: White blood cell

June 2016

RCGP Royal College of General Practitioners
CANCER RESEARCH UK

SAFETY NETTING SUMMARY

The importance of safety netting is highlighted in the NG12 guidelines.
This table summarises advice for communicating with patients, as well as safety netting actions for GPs and GP practices.

COMMUNICATE TO PATIENTS	Likely time course of current symptoms
	When to come back if symptoms do not resolve in expected time course
	Specific warning/ red flag symptoms or changes to look out for
	Who should make a follow up appointment with the GP, if needed
	The reasons for tests or referrals
	If a diagnosis is uncertain
ACTIONS FOR GPs	Detail any safety netting advice in the medical notes
	Consider referral after repeated consultations for the same symptom where the diagnosis is uncertain (e.g. three strikes and you are in)
	Ensure the patient understands the safety netting advice (take into account language/ literacy barriers)
	Code all symptoms and urgent referrals
	If symptoms do not resolve, carry out further investigations even if previous tests are negative
ACTIONS FOR PRACTICES	Ensure that you have current contact details for patients undergoing tests or referrals
	Ensure patients know how to obtain their results
	Have a system for communicating abnormal test results to patients
	Have a system for contacting patients with abnormal test results who fail to attend for follow up
	Put in place systems to document that all results have been viewed, and acted upon appropriately
	Have policies in place to ensure that tests/ investigations ordered by locums are followed up
	Have systems that can highlight repeat consultations for unexplained recurrent symptoms/ signs
	Make sure practice staff involved in logging results are aware of reasons for urgent tests and referrals under the two week wait
	Conduct significant event analyses for patients diagnosed as a result of an emergency admission
	Conduct an annual audit of new cancer diagnoses

June 2016

[Abridged from: Safety netting to improve early cancer diagnosis in primary care: development of consensus guidelines. Final Report. 4th May 2011. Clare Bankhead et al.]

RCGP Royal College of General Practitioners
CANCER RESEARCH UK